



# PARENT/GUARDIAN RECORDS REQUEST FORM

*All requests must be made by a parent/guardian of the student or by the student if he/she is older than 18.  
There will be a \$1.00 charge for each copy of requested transcripts.*

**Student Name:** \_\_\_\_\_

**Student DOB:** \_\_\_\_\_

Name of person making request: \_\_\_\_\_

Parent/Guardian

Student

<b>Address</b>	
<b>City/State/Zip</b>	
<b>Phone Number</b>	

Records being requested:

- \_\_\_\_\_ Official Transcript/Report Cards
- Standardized Test Scores
- Health Records
- Other Records \_\_\_\_\_

Records are for:

- Pickup
- Postal

If postal, please indicate the mailing address below if it is different from the address listed above:

By signing this form, I authorize the transfer/release of these records.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

**Fee Due:** \$ \_\_\_\_\_

Finance department authorization: \_\_\_\_\_

Date: \_\_\_\_\_

Documents received/sent on: \_\_\_\_\_

Transcript Fee Paid: Y N

Date: \_\_\_\_\_